

## INDIANA BOARD OF CHIROPRACTIC EXAMINERS

PROFESSIONAL LICENSING AGENCY
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\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

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		FOR OFFIC	E USE ONLY			
Number issued	Date of issuar	nce (month, day, year)	Program start date (month, da	y, year)	Program end date (month, day, year)	
		DO NOT WRITE	ABOVE THIS LINE			
DO NOT WRITE ABOVE THIS LINE						
THIS SECTION TO BE COMPLETED BY THE GRADUATE STUDENT						
Name of graduate student (last, first, middle/maiden)				Social Security number *		
Address (number and street or rural route	number, city, state	e, and ZIP code)				
Telephone number (daytime) E-	r (daytime) E-mail address			ar)	Place of birth	
Name of chiropractic school				Expected	date of graduation (month, day, year)	
Beginning date of graduate program with a licensed chiropractor (month, day, year)  Ending date of graduate program with a licensed chiropractor (month, day, year)				ogram with a licensed chiropractor (month, day, year)		
•					t diagnosis of a patient and must maintain ew by the Board at the Board's request.	
Signature of graduate student				Date (month, day, year)		
THIS	SECTION TO E	BE COMPLETED BY THE	SUPERVISOR OF THE G	RADUAT	E STUDENT	
Name of supervisor (last, first, middle/maiden)				Social Security number *		
Address (number and street or rural route	number, city, state	e, and ZIP code)				
Name of practice						
Telephone number (daytime) ( )	ephone number (daytime) E-mail address			Date of birth (month, day, year)		
ndiana license number			Date of expiration (month, day, year)			
I am aware of the requirements se			at I will be exclusively respo	onsible for	r the direct supervision of the chiropractic	
Signature of supervisor					Date (month, day, year)	
			DUATE STUDENTS			
846 IAC 1-10-1, Graduate students Section 1. For the purposes of this rule (1) "Graduate student" means a		nitions apply:	nority: IC 25-10-1-1.5		Affected: IC 25-10-1-14	
	ractor licensed un	der IC 25-10 who will act as the			ducational process for the graduate student.	
846 IAC 1-10-2, Applications of graduate students Section 2. A graduate student shall submit the following information:  (1) Certification from the school that the applicant is enrolled in the final year of coursework:			-	Affected: IC 25-10-1-14		
(2) An application approved by (a) the location of the prac (b) the proposed dates of	the Board and pro- tice of the supervisoractice by the gra	vided by the Bureau including sor, duate student,	,	g informatio	on:	
(c) the name and license r	•		ority: IC 25-10-1-1 5		Affected: IC 25-10-1-14	
846 IAC 1-10-3, Duties of graduate students  Section 3. (a) A graduate student shall not provide an independent diagnosis for a patient.  (b) A graduate student shall maintain a log of chiropractic procedures that shall be reviewed daily by the board at the Board's request. (Board of Chiropractic Examiners, 846 IAC 1-10-3)						
846 IAC 1-10-4, Duties of supervisors  Section 4.(a) The supervisor of a graduate student shall hold an Indiana chiropractic license which is current and				Affected: IC 25-10-1-14		
<ul><li>(b) A supervisor shall supervise no more than one (1) graduate student at any given time.</li><li>(c) The supervisor shall develop a training schedule in coordination with the school or college of chiropractic that will be followed by the</li></ul>						
graduate student throughout the educational process.  (d) Chiropractors who supervise graduate students shall be exclusively responsible for the direct supervision of the graduate students.  (e) Upon successful completion of the educational program, the supervisor shall provide the Board with a letter stating that the graduate student has completed the program from the beginning date to the ending date. (Board of Chiropractic Examiners, 846 IAC 1-10-4. Filed November 15, 1990.)						